

L00000013405

Donor's Name

PO Box 2566
OLMONS Beach FL

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

700003433547--4
-10/20/00--01049--002
****125.00 ****125.00

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
OCT 31 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L00-13405
92

Examiner's Initials

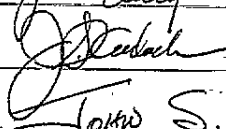
10/17/00

Registrar Section
Division of Corporations
Post office Box 6327
Tallahassee, FL 32314

To whom it may concern:

Enclosed is a check in the amount of \$125.00

This is for the filing fee for Articles of Organization and
Designation of the Registered Agent for - Problem Solving for
Seniors LLC.

Yours truly


David S. Revilock

886 RIVERSIDE DR

DIAMOND BEACH, FL 32176

904-671-9897

FILED
OCT 31 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 24, 2000

JOHN S. REVILOCK
P.O. BOX 2566
ORMOND BEACH, FL 32175

SUBJECT: PROBLEM SOLVING FOR SENIORS, LLC
Ref. Number: W00000025576

We have received your document for PROBLEM SOLVING FOR SENIORS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 900A00055445

FILED

OCT 31 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROBLEM SOLVING FOR SENIORS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

MAIL ADDRESS P.O. Box 2566 ORMOND BEACH, FL 32175

STREET ADDRESS 886 RIVERSIDE DR ORMOND BEACH, FL 32176

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

John S. Revilock
Name
886 RIVERSIDE DR
Florida street address (P.O. Box **NOT** acceptable)
ORMOND BEACH FL 32176
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

[Signature]
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Anne Rooney Jennings
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANNE ROONEY JENNINGS
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

FILED
OCT 31 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA